

Colorado Secretary of State
Elections Division
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Denver, CO 80290
Ph: (303) 894-2200 x 3
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www.sos.state.co.us



COMMITTEE REGISTRATION FORM

(C.R.S. 1-45-108)

Committee Name: _____

Purpose/Office Sought: _____

Check Only One Committee Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Candidate Committee | <input type="checkbox"/> Political Party | <input type="checkbox"/> Small Donor Committee |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Issue Committee | |

Is this an amendment*? YES ☐ NO ☐

** Description of what is being amended. Pursuant to Rule 3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form.* _____

Contact Information:

Name of Person Acting As Registered Agent (Treasurer): _____

Address (Physical): _____

Address (Mailing): _____

Telephone No.: _____ E-Mail: _____

Affiliation (if applicable): _____

Check Only One Filing Type:

- ☐ Manual Filer
- ☐ Electronic Filer

Check Only One Jurisdiction:

- | | | |
|------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Multi-County | |
| <input type="checkbox"/> Other: | _____ | |

Authorization

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____ Date: _____